

**NEBRASKA MOTOR VEHICLE SERVICE CONTRACT
REIMBURSEMENT INSURANCE ACT**

NOTICE OF FILING

The insurer issuing the reimbursement policy shall file:

- a. Two copies of each motor vehicle service contract form.
- b. Two copies of each reimbursement insurance policy form.
- c. This form (properly completed and notarized).
- d. A self-addressed, stamped envelope.

The motor vehicle service contract provider shall file:

- a. Two copies of each service contract form.
- b. Two copies of each reimbursement insurance policy form.
- c. This form (properly completed and notarized).
- d. A self-addressed, stamped envelope.

The above forms must be submitted to this Department prior to the selling of any vehicle service contracts, as required by Title 210 Nebraska Administrative Code Chapter 58.

Please submit to: State of Nebraska, Department of Insurance
 941 "O" Street, Suite 400
 Lincoln, NE 68508-3690
 Ph: (402) 471-2201

This notice must be completed in full (typed or printed in ink), signed, and notarized.

1. Name, address, and state of domicile of the business entity filing this form: _____

2. Name and title of contact person: _____
Phone number: _____ Fax number: _____
Email address: _____

3. If the filing is being made by a ***reimbursement insurance company***, please provide the following for each service contract provider insured under each policy. (Attach additional pages, as needed).

Policy insured under: _____
Name of the provider: _____
Address: _____

Phone number: _____ Fax number: _____
Email address: _____

4. If the filing is being made by a ***service contract provider***:
- a. Please provide the following for each business entity from whom your business purchases motor vehicle service contract form(s). (Attach additional pages, as needed).

Name of the business: _____

Address: _____

Name & title of contact person: _____

Phone number: _____ Fax number: _____

Email address: _____

Service contract form: _____

- b. Please provide the following for each business that provides a reimbursement policy that insures each of the motor vehicle service contracts listed in 4.a. above. (Attach additional pages, as needed).

Name of the company: _____

Address: _____

Phone number: _____ Fax number: _____

Email address: _____

Contract/policy being insured: _____

- c. Please provide the name(s) of the sales personnel who will be selling the motor vehicle service contract(s): _____

I certify under penalty of law that I have read this notice and swear that all of the information provided in the notice is true, correct, and complete.

STATE OF _____)

COUNTY OF _____)

(Name of Business Entity filing this form)

BY: _____

(Signature and Title)

Subscribed and sworn to this _____ day of _____, 20____.

NOTARY PUBLIC